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Response under CFR § 1.116
Expedited Procedure- Group 2854

Fee
only

CFA00001US

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application Hiroshi Kaburagi *et al.*
of:

Confirmation No.: 6858

Application No.: 10/650,328

Filed: August 28, 2003

Examiner: Nguyen, Anthony H.

For: IMAGE PROCESSING SYSTEM

Art Unit: 2854

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION/AMENDMENT

Sir/Madam:

In response to the final Office Action mailed January 12, 2005, please amend the
above-identified applications as follows:

Amendments to the Claims are reflected in the listing of claims which
begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

03/14/2005 AJOHNS01 00000003 502456 10650328

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10 650 328

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | 18 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 18 minus 20= | * — |
| INDEPENDENT CLAIMS | 3 minus 3 = | * — |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | | (Column 2) | (Column 3) |
|-------------|---|------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * 32 | Minus | ** 20 = 12 |
| | Independent | * 10 | Minus | *** 3 = 3 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | | (Column 2) | (Column 3) |
|-------------|---|---|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** = |
| | Independent | * | Minus | *** = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | | (Column 2) | (Column 3) |
|-------------|---|---|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** = |
| | Independent | * | Minus | *** = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18= | — |
| X84= | — |
| +280= | — |
| TOTAL | 750 |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|-------------------|
| X\$18= | 600 ⁰⁰ |
| X84= | 600 ⁰⁰ |
| +280= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |